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| Declaration Form |

*In accordance with the Coface Trade Credit Insurance Contract*

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| **The Insurer** | Compagnie Française d’Assurance pour le Commerce Extérieur A.R.B.N. 130 761 116 (INCORPORATED IN FRANCE, WITH LIMITED LIABILITY), BRANCH IN AUSTRALIA |

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| **INSURED DETAILS** |
| **Company Name**(correct legal entity) |       |
| **Contract Number** |       |
| **Turnover for the months of** |       | To: |       |

***Please declare all amounts in currency of contract***

|  |  |
| --- | --- |
| ACTUAL TURNOVER |       |
| **Country** | **Sales** | **Country** | **Sales** | **Country** | **Sales** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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|  |  |  |  | **TOTAL** |  |

\*If the actual turnover reported above is less than the estimated turnover declared at the start of this policy, please explain why.

|  |  |
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| **Company Name**(correct legal entity) |       |
| **Signature** |  | **Position in the company** |       |
| **Name of signatory** |       | **Date** |   /  /     |

**\* Coface reserves the right to request financial/sales information and copies of documents to confirm insured turnover amount declared**

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